

9/935765

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 43     | 8/31/01 |
| FORMALITY REVIEW          | 91       | 1159   | 9/26/01 |
| RESPONSE FORMALITY REVIEW |          |        |         |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
|-------|------|
| 1     |      |
| 2     |      |
| 3     |      |
| 4     |      |
| 5     |      |
| 6     |      |
| 7     |      |
| 8     |      |
| 9     |      |
| 10    |      |
| 11    |      |
| 12    |      |
| 13    |      |
| 14    |      |
| 15    |      |
| 16    |      |
| 17    |      |
| 18    |      |
| 19    |      |
| 20    |      |
| 21    |      |
| 22    |      |
| 23    |      |
| 24    |      |
| 25    |      |
| 26    |      |
| 27    |      |
| 28    |      |
| 29    |      |
| 30    |      |
| 31    |      |
| 32    |      |
| 33    |      |
| 34    |      |
| 35    |      |
| 36    |      |
| 37    |      |
| 38    |      |
| 39    |      |
| 40    |      |
| 41    |      |
| 42    |      |
| 43    |      |
| 44    |      |
| 45    |      |
| 46    |      |
| 47    |      |
| 48    |      |
| 49    |      |
| 50    |      |

| Claim | Date |
|-------|------|
| 51    |      |
| 52    |      |
| 53    |      |
| 54    |      |
| 55    |      |
| 56    |      |
| 57    |      |
| 58    |      |
| 59    |      |
| 60    |      |
| 61    |      |
| 62    |      |
| 63    |      |
| 64    |      |
| 65    |      |
| 66    |      |
| 67    |      |
| 68    |      |
| 69    |      |
| 70    |      |
| 71    |      |
| 72    |      |
| 73    |      |
| 74    |      |
| 75    |      |
| 76    |      |
| 77    |      |
| 78    |      |
| 79    |      |
| 80    |      |
| 81    |      |
| 82    |      |
| 83    |      |
| 84    |      |
| 85    |      |
| 86    |      |
| 87    |      |
| 88    |      |
| 89    |      |
| 90    |      |
| 91    |      |
| 92    |      |
| 93    |      |
| 94    |      |
| 95    |      |
| 96    |      |
| 97    |      |
| 98    |      |
| 99    |      |
| 100   |      |

| Claim | Date |
|-------|------|
| 101   |      |
| 102   |      |
| 103   |      |
| 104   |      |
| 105   |      |
| 106   |      |
| 107   |      |
| 108   |      |
| 109   |      |
| 110   |      |
| 111   |      |
| 112   |      |
| 113   |      |
| 114   |      |
| 115   |      |
| 116   |      |
| 117   |      |
| 118   |      |
| 119   |      |
| 120   |      |
| 121   |      |
| 122   |      |
| 123   |      |
| 124   |      |
| 125   |      |
| 126   |      |
| 127   |      |
| 128   |      |
| 129   |      |
| 130   |      |
| 131   |      |
| 132   |      |
| 133   |      |
| 134   |      |
| 135   |      |
| 136   |      |
| 137   |      |
| 138   |      |
| 139   |      |
| 140   |      |
| 141   |      |
| 142   |      |
| 143   |      |
| 144   |      |
| 145   |      |
| 146   |      |
| 147   |      |
| 148   |      |
| 149   |      |
| 150   |      |

BEST AVAILABLE COPY

If more than 150 claims, 10 actions  
 stapl additional sheet here

(LEFT INSIDE)